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CONFIRMATION NO. 2105

<b>SERIAL NUMBER</b> 10/595,066	<b>FILING OR 371(c) DATE</b> 01/27/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1624	<b>ATTORNEY DOCKET NO.</b> 59091US005	
<b>APPLICANTS</b> Paul D. Wightman, Woodbury, MN;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/26157 08/12/2004 * which claims benefit of 60/515,604 10/30/2003 and claims benefit of 60/515,604 10/30/2003 (*)Data provided by applicant is not consistent with PTO records.					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/13/2006</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 32692					
<b>TITLE</b> LIPID-MODIFIED IMMUNE RESPONSE MODIFIERS					
<b>FILING FEE RECEIVED</b> 600	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		